

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name SALIBA STATE ST NEW ALBANY LLC DBA MCDONA	Telephone Number Est 812-948-1675 Own 502-265-6232	Date of Inspection 07/20/2021	ID#		
Address 2107 STATE ST, NEW ALBANY IN 47150					
Owner GEORGE SALIBA	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 07/30/2021		
Owner's Address PO BOX 100 MILTON, KY 40045					
Person in Charge JOSUE BARRERA					
Responsible Person's Email ANDREA@SALIBAMCD.COM		Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _			
Certified Food Handler JOSUE BARRERA					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
295		X		Observed the nozzles around milkshake dispenser in need of cleaning.	Corrected
324		X		Observed spilled syrup/mix in cabinet below milkshake machine Observed a puddle under drive thru service counter. Observed chemical dispenser in mopsink closet to be leaking when under pressure.	1 week
392		X		Observed to dumpster lids open.	Corrected
393		X		Observed dumpster plug missing. Contact dumpster company.	1 week
Summary of Violations C <u>0</u> NC <u>4</u> R <u>0</u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>	
cc:		cc:		cc:	